☐ Check if this is an amended filing
ndividual 12/15
e a debtor subject to an involuntary case. If you want to begin fficial Form 105). Be as complete and accurate as possible. If additional pages, write debtor's name and case number (if
ition Is Filed
Inc.
Inc.
Mailing address, if different  Number Street  P.O. Box  City State ZIP Code  Location of principal assets, if different from principal place of business  Number Street

City

State

ZIP Code

Debtor's website (URL)				
Type of debtor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  Partnership (excluding LLP)  Other type of debtor. Specify:			
and the second seco	Office type of addition opening			
Type of debtor's business	Check one:			
<b>~ ~~</b>	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))			
	☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))			
	Railroad (as defined in 11 U.S.C. § 101(44))			
	☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))			
	☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))			
	☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))			
	None of the types of business listed.			
	Unknown type of business.			
	— Ollimonii Aba ai arraini			
w 1 . b t . t	`~√			
To the best of your knowledge, are any	No Published			
bankruptcy cases	Yes. Debtor Relationship			
pending by or against	District Date filed Case number, if known			
any partner or affiliate of this debtor?	MM / DD / YYYY			
	Debtor Relationship			
	DistrictDate filed Case number, if known			
	MM / DD / YYYY			
Part 3: Report About the	e Case			
10. Venue	Check one:			
	Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.			
	☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.			
and the state of t				
11. Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).			
•	The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).			
	At least one box must be checked:			
	The debtor is generally not paying its debts as they become due, unless they are the subject of a bona			
	fide dispute as to liability or amount.			
	Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an			
	agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			
12. Has there been a	₩No			
transfer of any claim				
against the debtor by or				
to any petitioner?	Rule 1003(a).			

## Case 19-35736 Document 1 Filed in TXSB on 10/10/19 Page 3 of 4

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Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Warren Resell	D.V.M. Promissory Note	s 610,000.00
	James H. Kelly	DVM. Promissory Note DVM. Promissory Note	2 <u>\$ 535,000,99</u>
	Larry D. Wood	D.V.M. Promissory Note	= \$ ZZ5,000.
		Total of petitioners' claims	s 1,370,000,"
the top of each sheet. Followir	ng the format of this form, set out the , the petitioner's claim, the petitioner' rjury set out in Part 4 of the form, foll	. Write the alleged debtor's name and the case no information required in Parts 3 and 4 of the form 's representative, and the petitioner's attorney. In lowed by each additional petitioner's (or represe	nclude the
(1/4) Request for Relief			
WARNING Bankruptcy fraud is \$500,000 or imprisonment for up	s a serious crime. Making a false state o to 20 years, or both. 18 U.S.C. §§ 152	ment in connection with a bankruptcy case can resul 2, 1341, 1519, and 3571.	t in tines up to
petitioning creditor is a corporati foreign representative appointed	ion, attach the corporate ownership stat d in a foreign proceeding, attach a certifi	under the chapter of 11 U.S.C. specified in this petit ement required by Bankruptcy Rule 1010(b). If any p ied copy of the order of the court granting recognition	elitioner is a
I have examined the information	in this document and have a reasonab	le belief that the information is true and correct.	
Petitioners or Petitioners' Rep	presentative	Attorneys	
Name and mailing address of	petitioner	0.1 1.5 61.5.	
Warren Resel	1 DVM	Nichara L. I MOUR	
	1	Printed name	0.4
5927 Gnarled	oaks ct.	Fugua : Associates	P.C
Number Street		Fugua Associates Firm name, if any  S558 Katy Freewa	P.C 4, Ste. 119
	oaks ct.	Funda FASSO crates Firm name, if any  8558 Katy Freewa Number Street  Houston  TX	P.C 4, Ste. 119 77024
Humble Street  Humble  City	oaks ct.	Number Street  Ltu 45 to N  State	77024 ZIP Code
Humble Street  Humble  City	Oaks Ct.  Ty 71346  State ZIP Code	Number Street  Lity U4 fon  State  Contact phone 713-960 0271 mail R	77024 ZIP Code
Number Street  Humble  City  Name and mailing address of	Oaks Ct.  Ty 71346  State ZIP Code	Number Street  Lougton  City  Contact phone  113-960-027 [mail R1]  Bar number  07553-300	77024 ZIP Code
Number Street  Humble  City  Name and mailing address of	Oaks Ct.  Ty 71346  State ZIP Code	Number Street  HUU4+0N  City  Contact phone  712-960 027 [mail R]	77024 ZIP Code
Number Street  City  Name and mailing address of  Name  Number Street	Oaks Ct.  Ty 71346  State ZIP Code  f petitioner's representative, if any	Number Street  Lougton  City  Contact phone  713-960-0271 mail Ri  Bar number  O7553300  State  Texas	77024 ZIP Code
Number Street  City  Name and mailing address of  Name  Number Street	State ZIP Code  State ZIP Code  Type Code	Number Street  Lougton  City  Contact phone  713-960-0271 mail Ri  Bar number  O7553300  State  Texas	77024 ZIP Code

Debler Veterinary Care, I	Case number (disease)
Deblor Vane	•
Name and mailing address of potitioner    James H. Kelly D.V.M.     Name   13566 Douglas Luke Road     Number Street   Type City   State   Zipe City     Name   Number Street     City   State   Zipe City     I declare under penalty of perjury that the foregoing is true     Executed on   MM / DD / YYYY     Signature of petitioner or representative's     Signature of petitioner or representative     Signature of petitioner or representative	State ZIP Code  Coly Contact phone 113,460.0271 Email RL Fuqual (& Fuqual Exp.). Com  Bar number 0.755.7300  State Texas  State Signature of attorney
Name and mailing address of politioner  LACRY D. Wood, DVM  Name  20446 Cielo Visto Lot I  Number Street  Stan Antonio IX  City  Name and mailing address of politioner's representations.	Richard L. Fugua  Printed name  FUGUA , Associates, P.C.  Firm name it any  8255  State  State  State  Code  Richard L. Fugua  Fugua  Firm name it any  State  State  TX T7024  Cuty  Cuty  Cuty  State  TX ZIP Code
Name	Bar number (1755,2700
Number Street	State Texas
City  I declare under penalty of perjury that the foregoing is to  Executed on MM / DD / YYYY   X  Signature of petitioney or representative, including representative.	Signature of attorney  Date signed (U/(U/2) U/9  Date signed (U/(U/2) U/9